

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Dickstein Shapiro Morin & Oshinsky, LLP PAC		2. FEC IDENTIFICATION NUMBER C00110197
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2101 L Street, NW		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Washington, DC 20037		

## 4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☒ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:


<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

☐ Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

☐ Thirtieth day report following the General Election on \_\_\_\_\_  
\_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment? ☐ YES ☒ NO

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
01/01/97 through 06/30/97		
6. (a) Cash on Hand January 1, 1997		\$ 5003.81
(b) Cash on Hand at Beginning of Reporting Period	\$ 5003.81	
(c) Total Receipts (from line 19)	\$ 34809.50	\$ 34809.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 39813.31	\$ 39813.31
7. Total Disbursements (from Line 30)	\$ 22500.00	\$ 22500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 17313.31	\$ 17313.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		
Type or Print Name of Treasurer L. Andrew Zausner, Treasurer		
Signature of Treasurer 		Date 7/31/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C § 437g.

FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Dickstein Shapiro Morin & Oshinsky, LLP PAC		FROM 06/30/97	TO: 97
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A) . . . . .		34809.50	34809.50
ii. Unitemized . . . . .			
iii. Total . . . . . (add i and ii)	0	34809.50	34809.50
b. Political Party Committees . . . . .			
c. Other Political Committees (such as PACs) . . . . .			
d. Total Contributions . . . . . (add a iii, b and c)	0	34809.50	34809.50
12. Transfers From Affiliated/Other Party Committees . . . . .			
13. All Loans Received . . . . .			
14. Loan Repayments Received . . . . .			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) . . . . .			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees . . . . .			
17. Other Federal Receipts (Dividends, Interest, etc.) . . . . .			
18. Transfers from Nonfederal Account for Joint Activity . . . . .			
19. Total Receipts . . . . . (add 11d, 12, 13, 14, 15, 16, 17, and 18)	0	34809.50	34809.50
20. Total Federal Receipts . . . . . (subtract line 18 from line 19)	0	34809.50	34809.50
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share . . . . .			
ii. Non-Federal Share . . . . .			
b. Other Federal Operating Expenditures . . . . .		-0-	-0-
c. Total Operating Expenditures . . . . . (Add a i, a ii, and b)	0	-0-	-0-
22. Transfers to Affiliated/Other Party Committees . . . . .			
23. Contributions to Federal Candidates/Committees and Other Political Committees . . . . .		22500.00	22500.00
24. Independent Expenditures (use Schedule E) . . . . .			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Schedule F) . . . . .			
26. Loan Repayments Made . . . . .			
27. Loans Made . . . . .			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees . . . . .		-0-	-0-
b. Political Party Committees . . . . .			
c. Other Political Committees (such as PACs) . . . . .			
d. Total Contribution Refunds . . . . . (Add a, b and c)	0	-0-	-0-
29. Other Disbursements . . . . .			
30. Total Disbursements . . . . . (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	0	22500.00	22500.00
31. Total Federal Disbursements . . . . . (subtract line 21 a ii from line 30)	0	22500.00	22500.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) . . . . .		34809.50	34809.50
33. Total Contribution Refunds (from line 28d) . . . . .		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32) . . . . .		34809.50	34809.50
35. Total Federal Operating Expenditures . . . . . (add 21 a i and 21 b)	0	-0-	-0-
36. Offsets to Operating Expenditures (from line 15) . . . . .			
37. Net Operating Expenditures . . . . . (subtract line 36 from 35)	0	-0-	-0-

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page	PAGE 1 OF 7
FOR LINE NUMBER 11ai	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

FEC ID No. C00110197

<b>A. Full Name, Mailing Address and ZIP Code</b> James Andrew Jackson 9309 Clanbrook CT. Fairfax, VA 22031  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dickstein Shapiro Morin & Oshinsky LLP "DSMOLLP" Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 02/24/97	Amount of Each Receipt this Period  162.50
<b>B. Full Name, Mailing Address and ZIP Code</b> William D. Kingery, Jr. 7211 Rolllingwood Dr. Chevy Chase, MD 20815  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 02/24/97	Amount of Each Receipt this Period  512.50
<b>C. Full Name, Mailing Address and ZIP Code</b> M J Mintz 1906 Glen Dr. Alexandria, VA 22307-1136  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 03/03/97	Amount of Each Receipt this Period  975.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Emanuel Faust, Jr. 6500 Crosswoods Dr. Falls Church, VA 22044-1101  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 03/11/97	Amount of Each Receipt this Period  337.50
<b>E. Full Name, Mailing Address and ZIP Code</b> Paul B. Bran 9505 Burning Tree Rd. Bethesda, MD 20817  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 05/06/97	Amount of Each Receipt this Period  438.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Sidney Dickstein 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 05/06/97	Amount of Each Receipt this Period  863.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Patrick W. Lynch 725 Lawton St. McLean, VA 22101  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 05/06/97	Amount of Each Receipt this Period  263.00

<b>SUBTOTAL of Receipts This Page (optional)</b> . . . . .	3551.50
<b>TOTAL This Period (last page this line number only)</b> . . . . .	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page	PAGE 2	OF 7
FOR LINE NUMBER 11ai		

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**NAME OF COMMITTEE (In Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

FEC ID No. C00110197

<b>A. Full Name, Mailing Address and ZIP Code</b> Ira R. Mitzner 5500 Pollard Rd. Bethesda, MD 20816-3329  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dickstein Shapiro Morin & Oshinsky LLP "DSMOLLP" Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 05/06/97	Amount of Each Receipt this Period 1138.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Jerold Oshinsky 2354 N Lincoln St. Arlington, VA 22207-3862  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 05/06/97	Amount of Each Receipt this Period 5000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Woody N. Peterson 4700 Connecticut Ave. NW #610 Washington, DC 20008  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 05/06/97	Amount of Each Receipt this Period 700.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Rebecca L. Wright 3101 New Mexico Ave., NW #236 Washington, DC 20016  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 05/06/97	Amount of Each Receipt this Period 875.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Leslie Kaplan 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 05/13/97	Amount of Each Receipt this Period 280.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Joseph Tydings 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 05/13/97	Amount of Each Receipt this Period 1050.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Sallie Helm 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/02/97	Amount of Each Receipt this Period 438.00

<b>SUBTOTAL of Receipts This Page (optional)</b>	9481.00
<b>TOTAL This Period (last page this line number only)</b>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page	PAGE 3 OF 7
FOR LINE NUMBER 11ai	

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**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

FEC ID No. C00110197

<b>A. Full Name, Mailing Address and ZIP Code</b> Lee A. Alexander 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dickstein Shapiro Morin & Oshinsky LLP "DSMOLLP" Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period   300.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Angelo V. Arcadipane 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period   1750.00
<b>C. Full Name, Mailing Address and ZIP Code</b> George T. Boggs 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period   350.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Henry C. Cashen, II 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period   1050.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Leslie R. Cohen 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period   250.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Howard N. Feldman 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period   204.00
<b>G. Full Name, Mailing Address and ZIP Code</b> G. Michael Green 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period   613.00

<b>SUBTOTAL of Receipts This Page (optional)</b> . . . . .	4517.00
<b>TOTAL This Period (last page this line number only)</b> . . . . .	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page	PAGE 4	OF 7
FOR LINE NUMBER 11ai		

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**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

FEC ID No. C00110197

<b>A. Full Name, Mailing Address and ZIP Code</b> Jon D. Grossman 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dickstein Shapiro Morin & Oshinsky LLP "DSMOLLP" Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period   350.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Robert J. Higgins 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period   814.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Gary M. Hoffman 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period   763.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Bruce R. Holcomb 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period   788.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Jeffrey M. Johnson 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period   875.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Peter H. Jost 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period   300.00
<b>G. Full Name, Mailing Address and ZIP Code</b> James D. Kelly 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period   175.00

<b>SUBTOTAL of Receipts This Page (optional)</b> . . . . .	4065.00
<b>TOTAL This Period (last page this line number only)</b> . . . . .	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page	PAGE 5 OF 7
FOR LINE NUMBER 11a1	

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NAME OF COMMITTEE (in Full)		FEC ID No. C00110197	
<b>A. Full Name, Mailing Address and ZIP Code</b> Joel B. Kleinman 2101 L Street, NW Washington, DC 2037		<b>Name of Employer</b> Dickstein Shapiro Morin & Oshinsky LLP "DSMOLLP" <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 06/06/97 <b>Amount of Each Receipt this Period</b> 1225.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-To-Date</b> > \$	
<b>B. Full Name, Mailing Address and ZIP Code</b> Joseph E. Kolick, Jr. 2101 L Street, NW Washington, DC 20037		<b>Name of Employer</b> DSMOLLP <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 06/06/97 <b>Amount of Each Receipt this Period</b> 875.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-To-Date</b> > \$	
<b>C. Full Name, Mailing Address and ZIP Code</b> John T. Kotelly 2101 L Street, NW Washington, DC 20037		<b>Name of Employer</b> DSMOLLP <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 06/06/97 <b>Amount of Each Receipt this Period</b> 875.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-To-Date</b> > \$	
<b>D. Full Name, Mailing Address and ZIP Code</b> Arthur J. Lafave, III 2101 L Street, NW Washington, DC 20037		<b>Name of Employer</b> DSMOLLP <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 06/06/97 <b>Amount of Each Receipt this Period</b> 788.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-To-Date</b> > \$	
<b>E. Full Name, Mailing Address and ZIP Code</b> Daniel M. Litt 2101 L Street, NW Washington, DC 20037		<b>Name of Employer</b> DSMOLLP <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 06/06/97 <b>Amount of Each Receipt this Period</b> 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-To-Date</b> > \$	
<b>F. Full Name, Mailing Address and ZIP Code</b> Frederick M. Lowther 2101 L Street, NW Washington, DC 20037		<b>Name of Employer</b> DSMOLLP <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 06/06/97 <b>Amount of Each Receipt this Period</b> 2800.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-To-Date</b> > \$	
<b>G. Full Name, Mailing Address and ZIP Code</b> Matthew G. Maloney 2101 L Street, NW Washington, DC 20037		<b>Name of Employer</b> DSMOLLP <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 06/06/97 <b>Amount of Each Receipt this Period</b> 321.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-To-Date</b> > \$	
<b>SUBTOTAL of Receipts This Page (optional)</b>			7384.00
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page	PAGE 6 OF 7
	FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)		FEC ID No. C00110197	
<b>A. Full Name, Mailing Address and ZIP Code</b> Michael E. Nannes 2101 L Street, NW Washington, DC 20037		Name of Employer Dickstein Shapiro Morin & Oshinsky LLP "DSMOLLP" Occupation Attorney	Date (month, day, year) 06/06/97 Amount of Each Receipt this Period 963.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$	
<b>B. Full Name, Mailing Address and ZIP Code</b> George R. Pitts 2101 L Street, NW Washington, DC 20037		Name of Employer DSMOLLP Occupation Attorney	Date (month, day, year) 06/06/97 Amount of Each Receipt this Period 350.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$	
<b>C. Full Name, Mailing Address and ZIP Code</b> Ira H. Polon 2101 L Street, NW Washington, DC 20037		Name of Employer DSMOLLP Occupation Attorney	Date (month, day, year) 06/06/97 Amount of Each Receipt this Period 1925.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$	
<b>D. Full Name, Mailing Address and ZIP Code</b> Adam Proujansky 2101 L Street, NW Washington, DC 20037		Name of Employer DSMOLLP Occupation Attorney	Date (month, day, year) 06/06/97 Amount of Each Receipt this Period 175.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$	
<b>E. Full Name, Mailing Address and ZIP Code</b> Charles W. Saber 2101 L Street, NW Washington, DC 20037		Name of Employer DSMOLLP Occupation Attorney	Date (month, day, year) 06/06/97 Amount of Each Receipt this Period 788.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$	
<b>F. Full Name, Mailing Address and ZIP Code</b> Kenneth M. Simon 2101 L Street, NW Washington, DC 20037		Name of Employer DSMOLLP Occupation Attorney	Date (month, day, year) 06/06/97 Amount of Each Receipt this Period 735.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$	
<b>G. Full Name, Mailing Address and ZIP Code</b> James Springer 2101 L Street, NW Washington, DC 20037		Name of Employer DSMOLLP Occupation Attorney	Date (month, day, year) 06/06/97 Amount of Each Receipt this Period 700.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$	
<b>SUBTOTAL of Receipts This Page (optional)</b>			5636.00
<b>TOTAL This Period (last page this line number only)</b>			



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page	PAGE 7 OF 7
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**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

FEC ID No. C00110197

<b>A. Full Name, Mailing Address and ZIP Code</b> Mark Thronson 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dickstein Shapiro Morin & Oshinsky LLP "DSMOLLP" Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 06/06/97	Amount of Each Receipt this Period    175.00
<b>B. Full Name, Mailing Address and ZIP Code</b>   Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>C. Full Name, Mailing Address and ZIP Code</b>   Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>D. Full Name, Mailing Address and ZIP Code</b>   Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>E. Full Name, Mailing Address and ZIP Code</b>   Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>F. Full Name, Mailing Address and ZIP Code</b>   Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>G. Full Name, Mailing Address and ZIP Code</b>   Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

<b>SUBTOTAL of Receipts This Page (optional)</b> . . . . .	175.00
<b>TOTAL This Period (last page this line number only)</b> . . . . .	34809.50

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule (PAGE for each category of the 1 Detailed Summary Page	OF 3
FOR LINE NUMBER 23	

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## NAME OF COMMITTEE (in Full)

Dickstein Shapiro Morin &amp; Oshinsky, LLP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens Committee for Ernest F. Hollings P.O. Box 65271 Washington, DC 20035	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/14/97	1000.00
B. Full Name, Mailing Address and ZIP Code Chris Cannon for Congress P.O. Box 711 Provo, Utah 84603-0711	Purpose of Disbursement Debt Reduction Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	01/23/97	500.00
C. Full Name, Mailing Address and ZIP Code Missourians for Kit Bond 507 Capitol Court, NE #100 Washington, DC 20002	Purpose of Disbursement Re-election Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/12/97	1000.00
D. Full Name, Mailing Address and ZIP Code Faircloth for Senate P.O. Box 26585 Raleigh, NC 27611-6585	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/26/97	1000.00
E. Full Name, Mailing Address and ZIP Code Linder for Congress P.O. Box 942060 Chamblee, GA 31141	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/04/97	1000.00
F. Full Name, Mailing Address and ZIP Code Latham for Congress P.O. Box 174 Sioux City, IA 51102	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/05/97	500.00
G. Full Name, Mailing Address and ZIP Code Campbell Victory Fund P.O. Box 480166 Denver, CO 80248	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/11/97	1000.00
H. Full Name, Mailing Address and ZIP Code Friends of Chris Dodd 203 C Street, NE Washington, DC 20002	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/97	1000.00
I. Full Name, Mailing Address and ZIP Code NACDS-PAC Attn: Shelagh Cooney 413 N. Lee Street Alexandria, VA 22314	Purpose of Disbursement NACDS-PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	05/13/97	1000.00

SUBTOTAL of Disbursements This Page (optional) . . . . .

8000.00

TOTAL This Period (last page this line number only) . . . . .

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page	PAGE 2	OF 3
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**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

<b>A. Full Name, Mailing Address and ZIP Code</b> Goode for Congress P.O. Box 2884 Washington, DC 20013	<b>Purpose of Disbursement</b> <b>Contribution</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 05/20/97	<b>Amount of Each Disbursement This Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> The New Republican Majority Fund 228 S Washington St. Ste 220 Alexandria, VA 22314	<b>Purpose of Disbursement</b> <b>Contribution</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 05/28/97	<b>Amount of Each Disbursement This Period</b> 5000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Henry J. Hyde Defense Fund Trust 886 16th Street, NW Washington, DC 20016	<b>Purpose of Disbursement</b> <b>Defense Trust Fund</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 05/28/97	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Committee to Elect Mike McIntyre P.O. Box 1 Lumberton, NC 28359	<b>Purpose of Disbursement</b> <b>Contribution</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 05/29/97	<b>Amount of Each Disbursement This Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Friends of Jonathon Miller P.O. Box 21861 Lexington, KY 40522-1861	<b>Purpose of Disbursement</b> <b>Contribution</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 05/29/97	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Citizens for Joe Kennedy 233 Needham Street, Ste 200 Newton, MA 02164	<b>Purpose of Disbursement</b> <b>Contribution</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/03/97	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Baker for Congress P.O. Box 1694 Baton Rouge, LA 70821	<b>Purpose of Disbursement</b> <b>Contribution</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/03/97	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>H. Full Name, Mailing Address and ZIP Code</b> Missourians for Kit Bond 507 Capitol Court, NE #100 Washington, DC 20002	<b>Purpose of Disbursement</b> <b>Contribution</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/13/97	<b>Amount of Each Disbursement This Period</b> 2000.00
<b>I. Full Name, Mailing Address and ZIP Code</b> Gephardt in Congress Committee 530 Seventh Street, SE Washington, DC 20003	<b>Purpose of Disbursement</b> <b>Contribution</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/16/97	<b>Amount of Each Disbursement This Period</b> 500.00

**SUBTOTAL of Disbursements This Page (optional)**

12500.00

**TOTAL This Period (last page this line number only)**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page	(PAGE 3 OF 3)
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**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Boyd for Congress Committee P.O. Box 2884 Washington, DC 20013	Run-Off Debt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	06/16/97	1000.00
B. Full Name, Mailing Address and ZIP Code Friends of Chris Dodd 203 C Street, NE Washington, DC 20002	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/25/97	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

**SUBTOTAL** of Disbursements This Page (optional) . . . . .

2000.00

**TOTAL** This Period (last page this line number only) . . . . .

22500.00